

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 657-2941



March 14, 1994

To: All County Welfare Directors
All MEDS Coordinators
All Medi-Cal Program Specialists/Liaisons

Letter No.: 94-28

CALIFORNIA ELIGIBILITY VERIFICATION AND CLAIMS MANAGEMENT SYSTEM (CA-EV/CMS)
(PLASTIC CARD)

Ref.: All County Welfare Directors Letter No. 93-53

The purpose of this letter is to update the counties on the status of activities related to the design and implementation of the California Eligibility Verification and Claims Management System (CA-EV/CMS), commonly referred to as the Plastic Card Project.

ON-LINE ELIGIBILITY VERIFICATION PHASE-IN

The CA-EV/CMS will be implemented according to the following schedule:

March 1994 Phase I Counties:

| | |
|--------|-------------|
| Butte | Napa |
| Orange | Santa Clara |
| Yuba | |

May 1994 Phase II County:

Los Angeles County

June 1994 Phase III Counties:

Southern California

| | |
|-----------|-----------------|
| Fresno | San Bernardino |
| Imperial | San Diego |
| Inyo | San Luis Obispo |
| Kern | Santa Barbara |
| Kings | Tulare |
| Riverside | Ventura |

All County Welfare Directors
All MEDS Coordinators
All Medi-Cal Program Specialists/Liaisons
Page 2

July 1994 Phase IV Counties

Northern California

| | |
|--------------|---------------|
| Alameda | Nevada |
| Alpine | Placer |
| Amador | Plumas |
| Calaveras | Sacramento |
| Colusa | San Benito |
| Contra Costa | San Francisco |
| Del Norte | San Joaquin |
| El Dorado | San Mateo |
| Glenn | Santa Cruz |
| Humboldt | Shasta |
| Lake | Sierra |
| Lassen | Siskiyou |
| Madera | Solano |
| Marin | Sonoma |
| Mariposa | Stanislaus |
| Mendocino | Sutter |
| Merced | Tehama |
| Modoc | Trinity |
| Mono | Tuolumne |
| Monterey | Yolo |

MEDI-CAL CARDS

Beginning March 1, 1994, Medi-Cal clients will use one of four different identification (ID) cards: the new plastic Benefits Identification Card (BIC), the new paper ID cards for "immediate need", and paper ID cards for minor consent clients that will be phased-in by county from March through July 1994, and the current paper Medi-Cal cards that will be phased-out as counties adopt the new cards.

The new plastic BICs and new paper ID cards are for identification only and providers should verify eligibility, reserve Medi services, and clear share of cost using the new Point of Service (POS) Network (telephone AEVS, CERTS software, POS device or enhanced provider systems).

The initial mailing of BICs to clients in Phase I counties on February 11, 1994 was created using MEDS data as of January 15, 1994. Daily card production and mailing began on February 14, 1994. The clients and providers will begin using the BICs on March 1, 1994.

New Plastic BICs

The new BICs (See Enclosure 1) were mailed to Medi-Cal and County Medical Services Program (CMSP) clients and unmet share-of-cost clients in Phase I counties beginning February 11, 1994. In addition, the BICs were issued to "Ineligible" (Ald Code IE) and "Responsible Relative" (Ald Code RR) recipients, who had not received Medi-Cal cards in the past. All recipients should be reminded to keep their BICs.

All County Welfare Directors
All MEDS Coordinators
All Medi-Cal Program Specialists/Liaisons
Page 3

New Paper Cards

A new format paper ID card will be issued to Immediate Need and Minor Consent Program clients. These identification cards allow access to the Medi-Cal Eligibility Verification System from the "Issue Date" to the "Good Thru" date and do not provide proof of eligibility (POE) and MEDI labels. Eligibility information for the current month and prior 12 months can be accessed.

Immediate Need

For Immediate Need clients, these new format paper cards are valid for identification purposes for thirty (30) days. For example, with an "Issue Date" of 03/03/94, the "Good Thru" date is 04/02/94 (see Enclosure 2). The "Issue Date" and the "Good Thru" dates may occur in two consecutive months and are given only for identification purposes. Providers must verify the client's eligibility.

Note: Department of Health Services will continue to assess the immediate need card process to evaluate its effectiveness. Adjustments will be made as necessary.

Minor Consent Program

Minor Consent Program clients will continue to apply for and be eligible for Medi-Cal for only the month requested, on a month-by-month basis. However, their new paper cards are valid for identification purposes for three hundred and sixty five (365) days. For example, with an "Issue Date" of 03/01/94, the "Good Thru" date is 03/01/95 (see Enclosure 3). The card is not proof of eligibility; providers must verify the client's eligibility. The card will allow access to the Medi-Cal Eligibility Verification System until the "Good Thru" date. Providers will be able to access eligibility information for the prior 12 months.

If a replacement Minor Consent paper card must be issued (i.e., the minor lost the first card), the same pseudo number must be used to avoid duplicate records on MEDS. (Duplicate records may cause duplicate cards to be issued for the same client for overlapping time periods.) The replacement card will have a new "Issue Date" and new "Good Thru" date.

Since the regulations for Minor Consent Program eligibility have not changed, the county should explain to the client that the new paper identification card is valid for a year from the issue date for identification purposes only and that the client must still apply for each month of eligibility as needed. Some clients will continue to request a new card each month because they may have thrown away the other card after using it. The beneficiaries should be reminded to keep their cards until the "Good Thru" date.

Current Paper Cards

Medi-Cal eligible clients statewide will continue to receive the current monthly paper cards with POE and MEDI labels until their counties implement the new plastic BIC and new paper ID cards (for Immediate Need and Minor Consent clients).

All County Welfare Directors
All MEDS Coordinators
All Medi-Cal Program Specialists/Liaisons
Page 4

BENEFICIARY NOTIFICATION

DHS began sending informational stuffers in English and Spanish about the BIC and the new share of cost system to Medi-Cal and CMSP eligibles in November 1993, two months before the original implementation date of January 1994 (later changed to March 1994). DHS is ensuring that each Medi-Cal and CMSP eligible in each implementation phase will receive two informational stuffers before the paper Medi-Cal card and/or MC 177 Share of Cost form is eliminated. Medi-Cal and CMSP eligibles will also receive a stuffer during the phase-in month.

SIGNATURE

All Medi-Cal ID cards continue to require the beneficiary's signature prior to presentation for services, with three exceptions:

- Beneficiaries under 18 years of age;
- Beneficiaries receiving long term care; or
- Beneficiaries determined disabled by the provider.

CORRECTIONS

Because the BIC is a more permanent card than the former monthly Medi-Cal card, clients will more readily report incorrect information on their BIC to the county. The county should correct the erroneous or misspelled information on MEDS, and the county should also request a new BIC for the client if the corrected information will appear on the front of the BIC. EXCEPTION: If a pseudo-ID is changed to a Social Security Number (SSN), a new BIC does not need to be issued. The BIC with the Client Index Number (CIN) on the face of the card will still be good. If someone incorrectly signs his/her BIC, the county should request a new BIC for the client(s). The county should advise the client to destroy the incorrect BIC upon receipt of the corrected BIC.

All County Welfare Directors
All MEDS Coordinators
All Medi-Cal Program Specialists/Liaisons
Page 5

TRAINING FOR COUNTIES

Completed Training

Date: October 21, 1993

Participants: Butte, Napa, Orange, Santa Clara, Yuba

Date: February 23, 1994

Participants: Ventura, San Luis Obispo, Santa Barbara

Scheduled Training

The training for Phase II and III counties is scheduled as follows:

Date: March 2, 1994

Participants: Los Angeles*

Location: Los Angeles County
Santa Fe Springs Town Center Social Hall
11740 E. Telegraph Road
Santa Fe Springs, CA 90670

Date: March 17, 1994

Participants: Tulare*, Fresno, Kings, Kern

Location: Tulare County Civic Center
County Administrative Office Building
2800 West Burrel
Visalia, CA 93291

Date: March 29, 1994

Participants: San Bernardino*, Riverside, Inyo, Orange, San Diego, Imperial

Location: Sheriff's Department
655 East Third Street
Second Floor Conference Room
San Bernardino, CA

* Hosted by

All County Welfare Directors
All MEDS Coordinators
All Medi-Cal Program Specialists/Liaisons
Page 6

Future Training

The training for Phase IV counties will be conducted regionally in conjunction with the implementation schedule.

Videotapes

A two-part videotape describing the on-line eligibility verification process, BIC and share of cost will be shown at the county training sessions and will be distributed to all counties in March 1994. The first part is a general overview, and the second part is more technical; both are intended for county staff use only.

DHS is also preparing a brief videotape for the counties to show to clients. This tape will focus on some of the changes brought about by the BIC, such as the need for the client to keep the plastic identification card; how the card is used for identification only; the client will not receive any more stickers or share of cost forms, etc. Counties will be advised when the videotape is available.

PROVIDER INQUIRIES

In order to access the Medi-Cal Eligibility Verification System, the provider must have the following client information from the BIC or paper card:

- (1) Client identification number;
- (2) Client's date of birth; and
- (3) Issue date. (NOTE: Phone AEVS will not require the card Issue Date until statewide implementation has been completed.)

Provider Request for Medi-Cal Stickers

If a provider **does not know** the client's identification number, date of birth, or BIC issue date, and requests a POE sticker after BIC implementation, the County will have to access MEDS to find the above information for the provider instead of producing a POE card.

If a provider **knows** the client's identification number, date of birth, and BIC issue date, the county should advise the provider that this information is all that is needed to access the Medi-Cal Eligibility Verification System. The provider should then access the system by phone AEVS, CERTS software, POS device, or enhanced provider systems.

All-County Welfare Directors
All-MEDS Coordinators
All-Medi-Cal Program Specialists/Liaisons
Page 7

Provider Billing Questions

Counties can refer providers to Electronic Data Systems/Medi-Cal Hotline at the following numbers:

| | |
|---|--------------|
| General questions and billing problems | 800-541-5555 |
| Computer Media Claims Information (CMC) | 916-636-1100 |
| Point of Service Help Desk | 800-427-1295 |
| Obstetrics or the Comprehensive Perinatal Services Program | 800-257-6900 |
| California Children's Services/Genetically Handicapped Persons Program | 800-541-7747 |
| Out-of-State Providers | 916-636-1000 |
| DHS Provider Enrollment | 916-323-1945 |

Please be aware the above numbers are for provider use only and counties may not give these numbers to clients.

Beneficiary Billing Questions

Counties may refer clients to the following number for beneficiary billing questions only:

| | |
|--|--------------|
| EDS Beneficiary Response Unit (includes Spanish-speaking staff) | 916-636-1980 |
|--|--------------|

We appreciate your participation in the discussions concerning the design and implementation of CA-EV/CMS. If you have any questions about CA-EV/CMS, please contact Sue Miller of my staff at (916) 657-3184.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch


Enclosures

RECIPIENT IDENTIFICATION CARD

Starting March 1, 1994, plastic State of California Benefits Identification Cards (BICs) will be distributed to recipients throughout the state. Note: Recipient card ownership does not guarantee eligibility. Eligibility must be verified through the Point of Service (POS) device, Claims and Eligibility Real-Time Systems (CERTS) software or AEVS.

* Distribution-(10-30-30-30):

| | |
|----------|--|
| COUNTIES | 10% - Butte, Napa, Orange, Santa Clara, Yuba (March) |
| | 30% - Los Angeles (May) |
| | 30% - Southern California (June) |
| | 30% - Northern California (July) |

| | |
|---|------------------------------------|
|  | State of California |
| | Benefits Identification Card |
| ID No. 0123456789 | |
| JOHN Q RECIPIENT | |
| M 05 20 1961 | Issue Date 01 01 94 |

| |
|--|
| <div style="background-color: black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Signature</p> <p style="text-align: center;">This card is for identification only It does not guarantee eligibility. Misuse of this card is unlawful.</p> |
|--|

Recipient Information:

Information on face of card

- Name of Recipient
- Gender
 - M-Male
 - F-Female
- Recipient ID Number
 - Social Security Number and check digit

OR

Client Index Number (CIN)

9NNNNNNNA9

Begins with "9"

7 Numeric digits

Ends with alpha character other than: B, I, J, K, L, O, P, Q, R, Z

Last digit is a check digit

- Birthdate (MMDDCCYY)
- Date of Issue (MMDDYY)
 - Date card was issued to recipient

This information is subject to change. Watch bulletins for future updates.

PAPER CARD LAYOUT CONDITIONS

Enclosure 2

- 1) Plastic card county with MOE < BIC implementation date:
Generates current card format with POE labels and MEDI labels.

MEDI-CAL IDENTIFICATION CARD

SIGNATURE/FIRMA: _____

DATE/FECHA: _____

AL APR93 04/15/945 F MEDSID 5618299967
MC 1201234556789 MC 3 SOC\$00000
XX

561829996 7 M0493 F945
LASTNAME FIRSTN ELIG 3
37 - 01 MC 3
OC S XXXXXXXX

561829996 7 M0493 F945
LASTNAME FIRSTN ELIG 3
37 - 01 MC 3
OC S XXXXXXXX

561829996 7 P0493 F945
LASTNAME FIRSTN ELIG 3
37 - 01 MC 3
OC S XXXXXXXX

561829996 7 P0493 F945
LASTNAME FIRSTN ELIG 3
37 - 01 MC 3
OC S XXXXXXXX

FIRSTNAME LASTNAME

Q44MQ41X94004101345
55-37-561829996-7-10 *7* DHS GHS

0 / C S

- 2) Plastic card county with MOE >= implementation month:
Generates card with MEDI and POE labels X'ed out. Issue date and good thru date are printed on card. Good thru date is for thirty days.

MEDI-CAL IDENTIFICATION CARD

SIGNATURE/FIRMA: _____

DATE/FECHA: _____

FOR IDENTIFICATION PURPOSES ONLY
PROVIDER: PLEASE VERIFY ELIGIBILITY

ID No. 0123456789

FIRSTNAME MI LASTNAME

M 04/01/1963

ISSUE DATE: 04/03/94
GOOD THRU : 05/03/94

Q41MQ40X94018101133 WIT OHCL

3) Minor consent card for months > BIC implementation date:
Generates card with MEDI and POE labels X'ed out. Issue date and good thru
are printed on card. Good thru date for one year.

| MEDI-CAL IDENTIFICATION CARD | | |
|---|-------------|--|
| SIGNATURE/FIRMA: | DATE/FECHA: | |
| | | |
| ***** * FOR IDENTIFICATION PURPOSES ONLY * * PROVIDER: PLEASE VERIFY ELIGIBILITY * ***** | | |
| ID No. | 0123456789 | |
| FIRSTNAME MI LASTNAME | | |
| M | 04/01/1977 | ISSUE DATE: 01/03/94 GOOD THRU : 01/03/95 |
| | | Q41MQ40X94018101133 WIT OHCL |